

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

Dominique Scardy

(Enter above the full name of the plaintiff
or plaintiffs in this action.)

vs.

Shelby County Jail

(Enter above the full name of the defendant
or defendants in this action.)

RECEIVED

AUG - 5 2011

CLERK, U.S. DIST. COURT
WESTERN DIST. OF TENN

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C., §1983

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (✓)
- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Shelby County Jail 5-B-6

A. Is there a prisoner grievance procedure in the institution?

Yes (☒) No (☐)

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes (☒) No (☐)

C. If your answer is Yes:

1. What steps did you take? I put in a grievance received it back and was not offered nothing in return other than an Extra mat.
2. What was the result? The grievance come back grievable

D. If your answer is No, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Dominique Scardy Booking #11116296

Address 201 Poplar Ave 5-B-6 Memphis TN 38103

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of an additional defendants.)

B. Defendant Shelby County Jail is employed as _____
at _____

C. Additional Defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

On 5-2-11 I was moved to 5-C-69 which was an plastic boat that the jail provide when there over crowded I slept on that hard plastic boat for more then 48 hrs with no mat. Withen that time my rotator cuffs in my shoulders dislocated and it is on my medical records from the doctor in the jail. 0150 On 4-23-11 when I was back in Shelby County Jail I gave the 1st Shift officer and nurse my medical records showing I had problem with my right knee and back but they still assigned me a top bunk withen my process of trying to get on the bunk my knees buckeled and I Sliped and hurted my back and knee again and I told the nurse I needed a lower bunk befor I was Even ~~any~~ given a cell but no action was done at the time

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want the courts to hold Shelby County Jail
for Any and all my medical problems dealing with this case
and also for Pain and Suffering I would like to be awarded
for my Pain and Suffering I also attach the copies of the
Grievance form that was filed and both came back grievable

VI. Jury Demand

I would like to have my case tried by a jury. Yes (☒) No (☐)

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this _____ day of _____, 20_____.

Danpe Seaby
(Signature of Plaintiff/Plaintiffs)

Medical

**SHELBY COUNTY SHERIFF'S OFFICE
JAIL DIVISION
INMATE GRIEVANCE FORM**

RECEIVED

G-

302197

MAY 18 AM 9:36

INMATE'S NAME: (Print name) Dominique Scardy Dominique Scardy		R&# NUMBER 00417051	BOOKING # 11116296
		HOUSING UNIT: 5-B-6	DATE OF OCCURRENCE 4-23-11
<input type="checkbox"/> LINE GRIEVANCE Use if not medical, confidential or emergency. Medical co-pay issues are line grievances.	<input checked="" type="checkbox"/> MEDICAL GRIEVANCE Use if you feel that there was lack of medical care inadequate medical care of improper medical care and it is not an emergency.	<input type="checkbox"/> CONFIDENTIAL Use if you feel a member of the jail staff has committed a criminal or illegal act.	<input type="checkbox"/> EMERGENCY Use if there is immediate threat of bodily harm to inmate or jail staff or there is threat of disruption to jail.

GRIEVANCE STATEMENT: Provide specific information regarding issue. Specify dates, personnel involved, etc.

On 4-23-11 I was book in Shelby County Jail when I got booked in I had my Medical Record with me that showed that I have a right knee and back problem the medical record was given to the first Shift male intake nurse when I got housed in Lower Level they gave me a Top bunk which I complained about the officer who was Officer Parker he told me to go back to intake and let them know by the time I went to intake it was 2nd Shift and I told officer Mardie about my problem he went to ask the nurse and the 2nd Shift nurse said she didn't see it on my record so I was sent back to the Lower Level on the top bunk as I try to get on my bunk I fell and broke my back I was placed in a wheel chair and taken to the nurse. And then I was given a bottom bunk.

INMATE'S SIGNATURE

Dominique Scardy

TODAY'S DATE: 5-13-11

FOR OFFICIAL USE ONLY BELOW THIS LINE

DATE RECEIVED: 5/17/11

COORDINATOR:

DISPOSITION CODE: 6

DATE: 5/18/11

G - GRIEVABLE: Meets policy requirements to be investigated.

N - NONGRIEVABLE: Does not meet policy requirements to be investigated.

REASON:

SHELBY COUNTY SHERIFF'S OFFICE
JAIL DIVISION
INMATE GRIEVANCE FORM

G- 302198

INMATE'S NAME: (Print name) <i>Dominique Scardy</i> <i>Dominique Scardy</i>		R&I NUMBER 000 417051	BOOKING # 11116296
<input type="checkbox"/> LINE GRIEVANCE Use if not medical, confidential or emergency. Medical co-pay issues are line grievances.		<input checked="" type="checkbox"/> MEDICAL GRIEVANCE Use if you feel that there was lack of medical care inadequate medical care of improper medical care and it is not an emergency.	HOUSING UNIT: 5-B-6
		<input type="checkbox"/> CONFIDENTIAL Use if you feel a member of the jail staff has committed a criminal or illegal act.	DATE OF OCCURRENCE 5-2-11 and 5-3-11
			<input type="checkbox"/> EMERGENCY Use if there is immediate threat of bodily harm to inmate or jail staff or there is threat of disruption to jail.

GRIEVANCE STATEMENT: Provide specific information regarding issue. Specify dates, personnel involved, etc.

On 5-2-11 I was moved off of lower level and placed on 5-B-69 which was a plastic bunk with no mat. I ask the officer on the line if it was officer Smith if I could get a mat he told me he was sorry it wasn't available and I was the only one who knew one later on that day I asked officer Smith if she could get me a mat and she said she would try. I was still on the plastic bunk then on 3rd shift I complained to officer Reed about the pain I was suffering from sleeping on the plastic bunk and she said she couldn't do anything about it so as I slept on that plastic bunk for 2 days which was the 2nd of May and the 3rd of May my right shoulder was dislocated from sleeping on that plastic bunk I saw the doctor and it was confirmed that my right shoulder joint was injured from sleeping on that plastic bunk.

INMATE'S SIGNATURE <i>Dominique Scardy</i>		TODAY'S DATE: 5-13-11
FOR OFFICIAL USE ONLY BELOW THIS LINE		
DATE RECEIVED: <i>5/13/11</i>	COORDINATOR: <i>[Signature]</i>	
DISPOSITION CODE: <i>G</i>	DATE: <i>5/19/11</i>	

G - GRIEVABLE: Meets policy requirements to be investigated.

N - NONGRIEVABLE: Does not meet policy requirements to be investigated.

REASON:

Dominique Scardy 11116296
Shelby County Jail 5-8-6
301 Poplar Ave
Memphis, TN 38103

RECEIVED

11 AUG -5 PM 1:45

THOMAS M. GOULD
CLERK U.S. DISTRICT COURT
WFO OF TN MEMPHIS

being P&DC 080
TUE 02 AUG 2011 PM



To: Office of the Clerk

U.S. District Court

TN MN

Adv Post